

**Indiana Family and Social Services Administration
Division of Mental Health and Addiction**

Report Generated On
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**Profile of Clients by Type of Funding Support
(Seriously Mentally Ill & Seriously Emotionally Disturbed)
(Contains both Community and Hospital Data)**



Table 5B.
Report Year: State Fiscal Year 2003
State Identifier: Indiana

Profile of Clients Served by the State Mental Health Agency	Not Hispanic or Latino			Hispanic or Latino Origin			Hispanic or Latino Origin Not Available			Total			
	F	M	NA	F	M	NA	F	M	NA	F	M	NA	Total
Medicaid Only	19,954	17,617	0	937	898	0	992	661	0	21,883	19,176	0	41,059
Non-Medicaid Only	16,119	13,479	0	671	655	0	545	411	0	17,335	14,545	0	31,880
Total	36,073	31,096	0	1,608	1,553	0	1,537	1,072	0	39,218	33,721	0	72,939

* Medicaid status determined by Medicaid Eligibility, not Medicaid paid services.

* The reports shown on this website contain numbers for Indiana residents who are served by the Hoosier Assurance Plan (HAP) and do not contain numbers for all Indiana residents who may receive mental health or addiction services. The HAP is the main method by which the Indiana Division of Mental Health and Addiction can fund community mental health services. As established by the Indiana Legislature, the HAP is designed to support and manage the delivery of behavioral healthcare services to individuals who are in a low income population and who have clearly identified mental health needs.

* This report currently contains data from the Community Services Data System (CSDS) and Creative SocioMedic's - Behavioral Health Information System's - Decision Support System (DSS).

* The reports span an entire fiscal year (7/1/XXXX - 6/30/XXXX).

* Persons with a diagnosis of only substance abuse or mental retardation are not included in these reports. Therefore, persons with a co-occurring diagnosis of mental illness and substance abuse or mental retardation are included.

* The 'Medicaid Status Not Available' row reports all zero's, therefore the row did not show up on the report.

* The results of this report were determined by placing consumers with a Medicaid ID number in the 'Medicaid Only' row, and consumers without a Medicaid ID number into the 'Non-Medicaid Only' row.